

Application Data Sheet

## Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	MUTANTS OF MYCOBACTERIA AND PROCESS THEREOF
Attorney Docket Number::	11378.0066USWO
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	12
Small Entity::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Anil  
Middle Name:: Kumar  
Family Name:: TYAGI  
Name Suffix::  
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State or Province of Residence::  
Country of Residence:: India  
Street of mailing address:: Department of Biochemistry, University of Delhi  
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City of mailing address:: New Delhi  
State or Province of mailing address::  
Country of mailing address:: India  
Postal or Zip Code of mailing address:: 110 021

## Applicant Information

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Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Ramandeep  
Middle Name::  
Family Name:: SINGH  
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### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Vivek  
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### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India

Initial 12/13/05

Status::	Full Capacity
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Country of mailing address:: India

Postal or Zip Code of mailing address::

### Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: India

Status:: Full Capacity

Given Name:: Paranj

Middle Name:: Ramaiyenger

Family Name:: NARAYANAN

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### Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: India

Status:: Full Capacity

Given Name:: Yogendra

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Family Name:: SINGH

Initial 12/13/05

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Postal or Zip Code of mailing address:: 110 007

### Correspondence Information

Correspondence Customer Number:: 23552

### Representative Information

Representative Customer Number::	23552
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### Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This is a	National Stage of	PCT/IN2004/000203	07/09/04

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
India	882/DEL/2003	07/09/03	Yes

Initial 12/13/05

## Assignee Information

Assignee Name:: INDIAN COUNCIL OF MEDICAL RESEARCH  
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## Assignee Information

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